

CERTIFIED MAIL - RETURN RECEIPT REQUESTED NO. \_\_\_\_\_

STATE OF CONNECTICUT  
DEPARTMENT OF HEALTH SERVICES  
BUREAU OF HEALTH SYSTEM REGULATION  
DIVISION OF MEDICAL QUALITY ASSURANCE

In re: Donna Crump, Hypertrichologist

Petition No. 881123-15-001

CONSENT ORDER

WHEREAS, Donna Crump, of 41 East Main Street, Avon, Connecticut, has been issued license number 000266 to practice hypertrichology by the Department of Health Services pursuant to Chapter 388 of the General Statutes of Connecticut, as amended; and

WHEREAS, Donna Crump, hereinafter referred to as the Respondent, hereby admits as follows:

1. From approximately April of 1983 until approximately June of 1988, she provided hypertrichology services to one James Fisher.
2. The hypertrichology services provided to James Fisher were below the standard of care in one or more of the following ways:
  - a) ~~She failed to verify the~~ A constant <sup>was</sup> current/ utilized while she was removing hair;
  - b) She failed to keep complete and adequate records.
3. That by the above-referenced conduct, she has violated the provisions of Connecticut General Statutes §20-271 by failing to conform to the accepted standards of the hypertrichology profession.

NOW THEREFORE, pursuant to §19a-17 and §20-271 of the General Statutes of Connecticut, Donna Crump hereby stipulates and agrees to the following:

1. That she waives her right to a hearing on the merits of this matter;
2. That her license to practice hypertrichology in Connecticut is hereby ~~suspended~~ for one year;
3. That said suspension is stayed immediately, and she is to be on probation for one (1) year under the following terms and conditions:
  - (a) She shall, at her own expense, participate in continuing education courses dealing with:
    - 1) appropriate methods of hair removal,
    - 2) record keeping.
  - (b) The instructor(s) for the above-mentioned courses shall submit reports of successful completion to the following person:

Lynne Hurley  
Investigator  
Department of Health Services  
Department of Medical Quality Assurance  
150 Washington Street  
Hartford, CT 06106
  - (c) Said courses shall be pre-approved by the Department of Health Services. (See Addendum)
  - (d) The Department of Health Services shall perform periodic checks of the patient care records maintained by the Respondent to ensure that such records are adequate and complete, to the extent allowed by Privacy Laws.
4. That any deviation by the Respondent from the terms of probation specified in paragraphs 3.a.-3.d. above shall constitute a violation of probation and will result in the following procedure:
  - a. That she will be notified in writing that the term(s) of probation have been violated provided no prior written consent for deviation

from the term(s) had been granted by the Department of Health Services.

- b. That said notification shall include the act(s) or omission(s) which violate the probation.
  - c. That she will be allowed fifteen (15) days to demonstrate to the Department of Health Services that she was in compliance with the terms of probation, or to cure the violation of the terms of probation.
  - d. That if she does not demonstrate compliance or cure the violation by the limited fifteen (15) day date certain contained in the notification of violation to the satisfaction of the Department of Health Services, her license shall be suspended for a period of one (1) year or she shall be entitled to a hearing, at the Respondent's option.
  - e. She must initiate said hearing through a written request by certified mail to the Department of Health Services within fifteen (15) days from notification of violation of probation.
  - f. She shall be entitled to a hearing before the Connecticut Board of Examiners of Hypertrichologists.
  - g. Evidence presented to said Board by either the Department of Health Services or the Respondent shall be limited to the alleged violation(s) of the term(s) of probation.
5. Any report filed under 3.b., above, that indicates, directly or indirectly, that the Respondent is unable to practice hypertrichology with reasonable skill and safety or within the accepted standards of the hypertrichology profession shall constitute a deviation from the terms of probation and shall result in the procedures listed in 4. above.

6. That she understands that this Consent Order may be considered as evidence of the above admitted violations in any proceeding before the Connecticut Board of Examiners of Hypertrichologists (1) in which her compliance with this same order is at issue, or (2) in which her compliance with §20-271 of the General Statutes of Connecticut, as amended, is at issue.
7. That this Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Further, that said order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive her of any rights that she may have under the laws of the State of Connecticut or of the United States.
8. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department of Health Services at any time prior to its being executed by the last signatory.
9. That this Consent Order is effective the first day of the next month after which the seal of the last signatory is fixed to this document.
10. That she permits a representative of the Public Health Hearing Office of the Division of Medical Quality Assurance, Connecticut Department of Health Services to present this Consent Order and the factual basis for said Consent Order to the Connecticut Board of Examiners of Hypertrichology. She understands that said Board has complete and final discretion as to whether or not an executed Consent Order is approved or granted. She further agrees that the pre-hearing review form signed by her is incorporated by reference into this Consent Order.
11. That she has consulted with an attorney prior to signing this document.

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I, Donna Crump, have read the above Consent Order, and I agree and admit to the terms and allegations set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Donna Crump  
Donna Crump

Subscribed and sworn to before me this 26th day of March 1990.

Peter M. Conway J  
Notary Public or person authorized  
by law to administer an oath or  
affirmation Curr. of Sup. Ct.

The above Consent Order having been presented to the duly appointed agent of the Commissioner of Health Services on the 2nd day of April 1990, it is hereby accepted.

Stanley K. Peck  
Stanley K. Peck, Director  
Division of Medical Quality Assurance

The above Consent Order having been presented to the duly appointed agent of the Connecticut Board of Examiners of Hypertrichologists on the 4 day of April 1990, it is hereby ordered and accepted.

Joseph H. Hens M.D.  
For the Connecticut Board of  
Examiners of Hypertrichologists

JPL:cja  
4859Q/33-37

ADDENDUM TO THE CONSENT ORDER  
IN THE CASE OF DONNA CRUMP

In compliance with Paragraph 3 of the Consent Order, Donna Crump will attend the courses outlined in the attached letter from Coral C. Gosnell. Certification of completion of the courses will be forwarded to the Department of Health by Ms. Gosnell.



STATE OF CONNECTICUT  
DEPARTMENT OF HEALTH SERVICES

Rec'd  
5-13-91  
JB.

~~Agis~~ PH. Jones

9 May 1991

Donna Crump  
41 East Main Street  
Avon, CT 06001

Re: Petition No. 881123-15-001

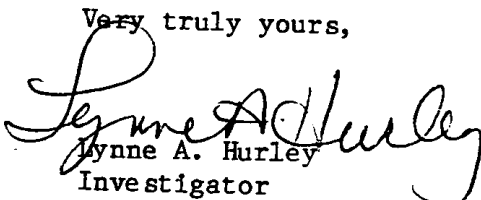
Dear Ms. Crump:

Pursuant to the receipt of Mary L. Evangelista's letter of April 29, 1991 regarding your successful completion of the five hours of theory on hair removal procedures and record keeping at the Electrology Institute of N.E., I am writing to inform you that the terms of your Consent Order, dated April 4, 1990 have been completed.

This letter serves to confirm that you have completed all the stipulations of your Consent Order and the terms of your probation have been completed. Notice will be provided to our Licensure and Renewal Section to remove any restrictions from your license.

Please do not hesitate to contact me at the number listed below if you have any questions regarding this matter.

Very truly yours,

  
Lynne A. Hurley  
Investigator  
Public Health Hearing Office

LAH:pf  
6249Q/9  
5/91

cc: Peter M. Conroy, Jr., Esquire  
David J. Pavis, Chief, PHHO  
John Boccaccio, Chief, L&R